

**IN THE BANKRUPTCY COURT OF THE UNITED STATES  
FOR THE CLERK OF US BANKRUPTCY COURT  
NJ\*\*TRENTON**

**IN THE MATTER OF: HELT, CHRISTOPHER**

**SSN: ###-##-1330**

**BANKRUPTCY CASE NO. 1040602**

**POC AMOUNT: \$24,308.75**

**Claim #4**

**NOTICE OF ASSIGNMENT OF CLAIM  
AND  
TRANSFeree NOTICE OF TRANSFER  
OF PAYMENTS**

Educational Credit Management Corporation (ECMC), the "Transferee", does hereby give notice to the Court that it has accepted assignment and transfer of the student loan(s) included in the claim for the above-referenced debtor from the GREAT LAKES HIGHER EDUCATION CORPORATION.

Please direct all future payments and correspondence as follows:

**Correspondence:**

ECMC  
PO Box 75906  
St. Paul, MN 55175

**Payments:**

ECMC  
Lockbox 8682  
P.O. Box 75848  
St. Paul, MN 55175-0848

Pursuant to the attached Assignment from GREAT LAKES HIGHER EDUCATION CORPORATION, the Transferor, notification and hearing has been waived with respect to this Notice of Assignment of Claim to ECMC pursuant to Bankruptcy Rule 3001.

EDUCATIONAL CREDIT MANAGEMENT CORPORATION

By: /s/ Sanders, Lillian

ECMC Representative

1/28/2011

Date



Date: 12-17-2010

#BWNKPXF

CC

Rich Lentsch  
ECMC  
American Bank Building  
101 East 5th Street Suite 2400  
ST PAUL MN 55101

RE: Bankruptcy Transfers  
Batch: 2010-12-17-23.57.36.185499

Dear Rich Lentsch:

The Great Lakes Higher Education Guaranty Corporation hereby assigns to the Educational Credit Management Corporation (ECMC) its rights, title, and interest in those student loans in the enclosure to this letter.

Great Lakes Higher Education Guaranty Corporation specifically waives notification and any hearing with respect to the assignment of claim by ECMC pursuant to Bankruptcy Rule 3001.

If you have any questions, please contact our Bankruptcy Specialist.

  
\_\_\_\_\_  
Bankruptcy Specialist

B10 (Official Form 10)  
(Rev. 12/94)

U.S. BANKRUPTCY COURT  
FILED  
TRENTON, NJ

10 NOV 12 AM 2:50

JAMES J. WALDRON

DEPUTY CLERK

THIS SPACE IS FOR  
COURT USE ONLY

<b>United States Bankruptcy Court</b> <b>District of NEW JERSEY</b>		<b>PROOF OF CLAIM</b> <b>Chapter 13</b>	
In re (Name of Debtor) <b>Helt, Christopher E, 1330</b>		Case Number <b>10-40602-MBK</b>	
Note: This form should not be used to make a claim for an administrative expense arising after the commencement of this case. A "request" of payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor <i>(The person or other entity to whom the debtor owes money or property)</i> <b>T.H.E. CONSOL USB AS TRUSTEE / GLEISI on behalf of GREAT LAKES HIGHER EDUCATION GUARANTY CORP.</b>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Name and Address Where Notices Should be Sent <b>GREAT LAKES EDUCATIONAL LOAN SERVICES CLAIMS FILING UNIT, PO BOX 8973 MADISON, WI 53708-8973</b>		<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.	
Name and Address Where Payments Should Be Sent: <b>GREAT LAKES HIGHER EDUCATION GUARANTY CORP. PO BOX 7858, MADISON, WI 53704-7858</b>		<input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Account or Other Number by Which Creditor Identifies Debtor: <p style="text-align: center;"><b>1330 863529</b></p>		Check here if this claim: <input type="checkbox"/> replaces a previously filed claim, dated _____ <input type="checkbox"/> amends	
1. BASIS FOR CLAIM: <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other (Describe briefly) <b>STUDENT LOAN(S)</b>		<input type="checkbox"/> Retiree benefits as defined by 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensations (Fill out below) Your social security number _____ Unpaid compensations for services performed from _____ to _____ (date) (date)	
2. DATE DEBT WAS INCURRED: <b>3/29/2005 3/30/2005</b>		3. IF COURT JUDGEMENT, DATE OBTAINED:	
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured non-priority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describes your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.			
<input type="checkbox"/> SECURED CLAIM \$ _____ Attach evidence of perfection of security interest Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) _____ Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____		<input type="checkbox"/> Wages, salaries, or commissions (up to \$4000),* earned no more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$1,800 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties of governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) _____ *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
<input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM <b>\$24,308.75</b> A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.		<input type="checkbox"/> UNSECURED PRIORITY CLAIM \$ _____ Specify the priority of the claim.	
5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED: <b>\$24,308.75</b> (Unsecured) (Secured) (Priority)		<b>\$24,308.75</b> (Total)	
<input type="checkbox"/> Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.			
6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes debtor.			
7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, and itemized statements of running accounts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
8. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date <p style="text-align: center;"><b>9-Nov-10</b></p>		Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) <p style="text-align: center;"><i>[Signature]</i>  <b>Gary L. Gruchow, Account Correction Analyst 2, Claims Filing Unit (608) 246-1676</b>                  Agent for: <b>T.H.E. CONSOL USB AS TRUSTEE</b></p>	
<b>NOTE: DO NOT FILE CLAIM IF ONE HAS ALREADY BEEN FILED IN THIS CASE.</b>			

MAIL CLAIM TO:  
U.S. Bankruptcy Court  
CLERK OF COURT  
402 E STATE ST  
TRENTON, NJ  
08608-1507

